

## Outlier PPC Medical Record Documentation Submission Form

This form serves to facilitate timely claim review and adjudication and should be completed for all outlier PPC claims.

Recipient Name: \_\_\_\_\_ Recipient ID Number: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ Date of PPC Occurrence: \_\_\_\_\_

### PPC Diagnosis:

- ☐ Foreign Object Retained After Surgery
- ☐ Air Embolism
- ☐ Blood Incompatibility
- ☐ Pressure Ulcer, Stages III & IV
- ☐ Falls and Trauma
- ☐ Catheter-Associated Urinary Tract Infection
- ☐ Vascular Catheter-Associated Infection
- ☐ Manifestations of Poor Glycemic Control
- ☐ Surgical Site Infection, Mediastinitis, after Coronary Artery Bypass Graft
- ☐ Surgical Site Infection after Certain Orthopedic Procedure
- ☐ Surgical Site Infection after Bariatric Surgery
- ☐ Surgical Site Infection after Cardiac Implantable Electron Device
- ☐ Iatrogenic Pneumothorax with Venous Catheterization
- ☐ Deep Vein Thrombosis and Pulmonary Embolism after Certain Orthopedic Procedures

PPC-Associated Treatments and Procedures (please include dates): \_\_\_\_\_

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### In addition to the above information, submit the following documentation:

- Complete medical records from the associated hospital stay
- An itemized bill (tab-delimited text file or Excel spreadsheet)
- Notation of any charges claimed as “non-covered” due to being related to PPC occurrence or treatment

**This form and all requested documentation should be submitted simultaneously via fax: 801-536-0974.**

If document files are large, a CD/DVD that contains this form and all requested documentation may be submitted via mailing address: Bureau of Medicaid Operations, ATTN: PPC, PO Box 143106, Salt Lake City, UT 84114-3106.